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1.	NAME OF TYPE OR PRINT TO COMMITTEE (in full)		Example: If typing, type over the lines.		pe 12FE	12FE4M5			
Democratis UNIImiTED									
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC)									
2.	FEC ID	ENTIFICATION NU	JMBER ▼	CITY ▲	٠,	STATE A		ZIP CODE A	
	C 0	0.5.4.2.5.	9.7	3. IS THIS REPORT	NEW (N)	OR 🗍	AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:		(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		0 (M5)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	(Non-E Year C (Non-E Year C	20 (M12)
		April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C	(C) 12-Day PRE-E Report	y Dection t for the:	Primary (12P) Convention (12C)		neral (12G) ecial (12S)	Runo	off (12R)
		January 31 Year-End Report (Y	'E)	Election on	M - M / [0 - 4) (in the State of	
		July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-	y -Election X	General (30G)	Rur	noff (30R)	Spec	ial (30S)
		Termination Report (TER)		Election on	[1.7]	4' 20.1	4	in the State of	6, A
5. Covering Period \[\langle \int \int \int \int \int \int \int \int									
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer									
Signature of Treasurer Date Date Date									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.									